

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04310

(1)

1. Corporation Name

RUSSELL SAPP & SONS, INC.



Principal Place of Business

ROUTE 5, BOX 920
TALLAHASSEE FL 32311

Mailing Address

ROUTE 5, BOX 920
TALLAHASSEE FL 32311

2. Principal Place of Business

21 26 Sapp Drive

Suite, Apt. #, etc.

22

City & State

23 Crawfordville, FL

Zip

24 32327

Country

25 Wakulla

2a. Mailing Address

26 26 Sapp Drive

Suite, Apt. #, etc.

27

City & State

28 Crawfordville, FL

Zip

29 32327

Country

30 Wakulla

3. Date Incorporated or Qualified

01/02/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3098787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAPP, DONALD F
ROUTE 5, BOX 920
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

Donald F. Sapp

82

Street Address (P.O. Box Number is Not Acceptable)

26 Sapp Drive

83

84

City

Crawfordville

FL

85

Zip Code

32327

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVPT ☒ DELETE
NAME SAPP, DARRYL M.
STREET ADDRESS ROUTE 5, BOX 920
CITY - ST - ZIP TALLAHASSEE FL

TITLE PS ☐ DELETE
NAME SAPP, DONALD F.
STREET ADDRESS ROUTE 5, BOX 920
CITY - ST - ZIP TALLAHASSEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

Donald F. Sapp

4/30/96

421-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)